



Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

TOTAL AMOUNT OF PAYMENT	(\\$) 120.00
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<i>Complete If Known</i>	
Application Number	10/789,288
Filing Date	February 27, 2004
First Named Inventor	Michael J. Sullivan
Examiner Name	HUNTER, ALVIN A
Art Unit	3711
Attorney Docket No.	B04-07

METHOD OF PAYMENT

Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>Filing Fee (\$)</u>	<u>Search Fee (\$)</u>	<u>Examination Fee (\$)</u>	<u>Fees Paid (\$)</u>
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEES

Fee Description Fee (\$)

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200

<u>Total Claims</u>	<u>Paid TC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-	= 0			

Paid TC = the greater of 20 or highest number of total claims paid for

<u>Independent Claims</u>	<u>Paid IC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-	= 0			

Paid IC = the greater of 3 or highest number of independent claims paid for

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>(round up to integer)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =			

4. OTHER FEES

Extension for response within first month \$120 Fee Paid (\$)

Click to select

SUBMITTED BY

Signature		Registration No. 43,583	Telephone 508-979-3015
Name	Kristin D. Wheeler	Date 2/17/06	